

# NOTIFICATION OF INTENT FOR COMPREHENSIVE HIGH SCHOOLS RECEIVING PERKINS AND STATE PRIORITY FUNDS TO IMPLEMENT A NEW CAREER AND TECHNICAL EDUCATION PROGRAM—SCHOOL YEAR 2007-2008

## Program Information

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ District \_\_\_\_\_ CTDS: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Program Physical Location: \_\_\_\_\_  
 New Program Name: \_\_\_\_\_ CIP: \_\_\_\_\_ Option(s) Programs with Options must specify which option(s) will be taught (i.e. A, B, C, D): \_\_\_\_\_  
 Will this program replace an existing program? ☐ Yes ☐ No Non-Active Program Name: \_\_\_\_\_ Non-Active Program CIP: \_\_\_\_\_  
 Is this a JTED program? ☐ Yes ☐ No If yes, the JTED will also need to submit a separate "NOI for JTED" form  
 New Option for Existing Program? ☐ Yes ☐ No Program Name: \_\_\_\_\_ CIP: \_\_\_\_\_ New Option(s) (i.e. A, B, C, D): \_\_\_\_\_

**Check the appropriate boxes, indicating the following items will be developed/integrated into the program for 2007-2008 School Year:**

- ☐ Community assessment; data indicating opportunities for students for employment or continued training/education in this program.  
☐ Administrators, Parents, Community and local Business and Industry are involved in the development and maintenance of this program.  
☐ Sufficient enrollment, staff, equipment and facilities will be in place to implement this program. Required reports and data will be submitted.  
☐ Program Standards are actively utilized in the coherent sequence of courses with including integration of Academic Standards.  
☐ Students will be engaged in work-based learning experiences and/or activities.  
☐ CTSO will be integrated (check the appropriate box): ☐ DECA ☐ FBLA ☐ FCCLA ☐ FEA ☐ FFA ☐ HOSA ☐ SkillsUSA

## Planned Course Sequence

**Courses listed below must deliver the entire set of state-designated program competencies:**

Intended Grade Level	Course CIP per Handbook	Local Course Title	Implementation Date	Projected Enrollment	Physical location where course is taught (high school campus, com. college, etc)	Teacher Name	Appropriate VTE/ CTE Certification
Career Exploration (7-9)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Preparation (9)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Preparation (10)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Preparation (11)							<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Preparation (12)							<input type="checkbox"/> Yes <input type="checkbox"/> No

## Signature

Teacher / Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_ School Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
 Local CTE Director: \_\_\_\_\_ Date: \_\_\_\_\_ District Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Submit One Form For Each New Program and Option at Each Site – No Later Than January 1, 2007 – Fax: 602-542-1849**

**\*Please submit by deadline. If the school is unable to offer the program during the '07-'08 school year, please withdraw the NOI in the fall of 2007.**